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|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------|
| Applicant(s): MOESS            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | 1333                     |
| Application No.                | Filing Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Examiner                                           | Group Art Unit           |
| 09/691,855                     | 10/17/2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YAM, S.                                            | 2878                     |
| Invention: OPTOELECTRI         | TO THE CONTENT OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                          |
| Invention: Officerective       | IC RECEIVER AND MET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ЛНОД                                               |                          |
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| I hereby certify that this     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RCE                                                |                          |
| •                              | The second secon | (Identify type of correspondence)                  |                          |
| is being facsimile transmitted | d to the United States Hate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tent and Trademark Office (Fax. No.                | (703) 872 9306           |
| on <b>JULY 7, 2004</b>         | 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                          |
| (Date)                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                          |
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|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MICHAEL J. STR (Typed or Printed Name of Person Si | IKEK igning Certificate) |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11/                                                |                          |
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|                                | Note: Each paper must                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | have its own certificate of mailing.               |                          |
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE PTO/\$8/30 (08-03)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control no

## REQUEST **FOR** CONTINUED EXAMINATION (RCE) TRANSMITTAL

Submission required under 37 CFR 1.114

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| Application Number    | 09/691,855 |
|-----------------------|------------|
| Filing Date           | 10/11/2000 |
| First Named Inventor  | molss      |
| Art Unit              | 2878       |
| Examiner Name         | Jam, S     |
| Attomey Docket Number | 2878       |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO ) on page 2.

| and amendments or                                                | closed with the RCE will be<br>rish to have any previously f                                                                           | entered in th                 | Note: If the period with the conder in which a mendment(s | RCE is positive they we<br>so they we<br>so enteres | proper, any previously file<br>ere filed unless applicant<br>d, applicant must reques | ed unentered<br>instructs atherwise. It<br>thon-entry of such |
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| , 5,,,,,,                                                        | submitted. If a final Off<br>n may be considered a                                                                                     | NO OF PURPLE                  | ission even r                                             | i inis d                                            | OX IS NOT Checked.                                                                    | after the final                                               |
| i. 🗆 Conside                                                     | r the arguments in the                                                                                                                 | Appeal Br                     | ief or Reply I                                            | Brief p                                             | reviously filed on                                                                    |                                                               |
| ii. 🖾 Other                                                      | RER FILED_06/28                                                                                                                        |                               |                                                           |                                                     |                                                                                       |                                                               |
| ii. 🗆 Affida                                                     | dment/Reply<br>vit(s)/Declaration(s)                                                                                                   | iii. 🔲<br>iv, 📋               | Information Other                                         | Disclos                                             | sure Statement (IDS                                                                   | ·)                                                            |
| Miscellaneous     a. □ Suspension     a period of     b. □ Other | of action on the above                                                                                                                 | e-identified<br>tod of susper | d application                                             | is requ<br>exceed 3                                 | ested under 37 CFF<br>months; Fee under 37 C                                          | R 1.103(c) for<br>FR 1.17(l) required)                        |
| Deposit Acc<br>i. 🗵 RCE f                                        | fee under 37 CFR 1.17(e) is<br>r is hereby authorized<br>ount No. <u>19-4675</u><br>ee required under 37 (<br>sion of time fee (37 CFR | to charge                     | the following  e)                                         | when the                                            | e RCE is filed.<br>Of credit any overpa                                               | yments, to                                                    |
| b. 🔲 Check in the                                                |                                                                                                                                        |                               |                                                           | enclos                                              | sed                                                                                   | -                                                             |
|                                                                  | credit card (Form PTO-2                                                                                                                |                               | 1)                                                        |                                                     |                                                                                       |                                                               |
| WARNING: I<br>be included o                                      | nformation on this forn on this form. Provide c                                                                                        | n may beco<br>redit card i    | me public. (<br>Information a                             | Credit c<br>nd auti                                 | ard Information shor                                                                  | uld not<br>138.                                               |
|                                                                  | SIGNATURE OF AF                                                                                                                        | PPLICANT,                     | ATTORNEY,                                                 | OR AG                                               | ENT REQUIRED                                                                          |                                                               |
| Name (Print/Type)                                                | MICHAEL J. STRIKER                                                                                                                     | 1                             |                                                           | Registi                                             | ation No. (Attorney / Agent)                                                          | 27233                                                         |
| Signature                                                        | 1                                                                                                                                      |                               |                                                           | Date                                                | JULY 7, 2004                                                                          |                                                               |
|                                                                  | CERTIFICA                                                                                                                              | TE OF MA                      | ILING OR TR                                               | ANSMI                                               | SSION                                                                                 | ==                                                            |
| the U.S. Patent and Tradem                                       | respondence is being depo<br>Mail Stop RCE, Commission<br>ark Office on the date show                                                  | sited with the                | Linited States                                            | Design C                                            | 4 - 4 111 - 111 -                                                                     | stage as first class mail In<br>or facsimile transmitted to   |
| Name (Print/Type)                                                | MICHAEL J. STRIKER                                                                                                                     |                               | 1                                                         |                                                     |                                                                                       |                                                               |
| Signature                                                        |                                                                                                                                        | 7/                            |                                                           | Date                                                | JULY 7, 2004                                                                          |                                                               |
| This collection of information is                                | required by 37 CFR 1.114. The                                                                                                          | information is                | required to obtain                                        | or retain                                           | a benefit by the public which                                                         | h is to file (and by the LICOTO                               |

to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS Complete the Chief Information Officer, U.S. Petent and ADDRESS. SEND TO: Mall Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.